

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9793**
2214
Registrar's No. **2214**

FILED MAR 29 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 19 4104 Enright Avenue				
3. NAME OF DECEASED (Type or Print) Nelson			a. (First)		b. (Middle)		c. (Last) Casey	
4. DATE OF DEATH		(Month) March		(Day) 6		(Year) 1952		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 4, 1904		
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Will Casey		13b. MOTHER'S MAIDEN NAME Mary Louise Freeman		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-07-3660		17. INFORMANT'S SIGNATURE OR NAME B. E. Purvis, 4515 McPherson				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Essential Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None				INTERVAL BETWEEN ONSET AND DEATH 5 days Undet.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X						
22. I hereby certify that I attended the deceased from 3-2 , 19 52 , to 3-6 , 19 52 , that I last saw the deceased alive on 3-6 , 19 52 , and that death occurred at 2:45p m. , from the causes and on the date stated above.								
23a. SIGNATURE Lorena H. Harris (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-7-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-1952		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL MAR 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Baker & Son Funeral Home ADDRESS _____				

m 83 (Licensed Embalmer's Statement on Reverse Side) 3201 N. Newstead Wn

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Arthur R. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.